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Bib Data Sheet

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|-----------------------------|---------------------------------------|--------------|------------------------|------------------------|
| SERIAL NUMBER 10/824,338 | FILING DATE 04/13/2004 RULE | CLASS 482 | GROUP ART UNIT 3764 | ATTORNEY DOCKET NO. |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------|

APPLICANTS

Mark A. Krull, Bend, OR;

** CONTINUING DATA *****

This application is a CON of 10/345,427 01/15/2003 PAT 6,719,674 *dcn*
 which claims benefit of 60/353,878 01/31/2002 *fm*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/25/2004

| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR | SHEETS | TOTAL | INDEPENDENT |
|--|--|------------|---------|--------|-------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after | COUNTRY OR | DRAWING | CLAIMS | CLAIMS |
| Verified and Acknowledged _____ Examiner's Signature | <i>Allowance</i> <i>J. C. L.</i> <i>FCM</i> Initials | | 11 | 4 | 4 |

ADDRESS

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TITLE

Adjustable weight exercise methods and apparatus

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|-----------------|---|--|
| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
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